

## Request for Early Reimbursement for Advance Spending

### Department of Workforce Development, Division of Workforce Solutions

Note: Reimbursements requested here must have prior approval.

This request results in a supplemental payment and does not constitute reporting of the expenditures.

Expenditures requested here must be claimed with the regular January expenditures.

**W-2 and Related Programs Contract for the period of** \_\_\_\_\_ **to** \_\_\_\_\_

**W-2 Contract Agency Name** \_\_\_\_\_

**Total Amount Requested** \_\_\_\_\_

#### Request #1

Description
CORE Program Code
Amount

#### Request #2

Description
CORE Program Code
Amount

Add additional pages as necessary.

Submitted by: \_\_\_\_\_ Date \_\_\_\_\_

Submit to W-2 Accountant, DWS/BDS, GEF 1, P.O. Box 7972, Madison, Wisconsin 53707

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Approved by: \_\_\_\_\_

Date: \_\_\_\_\_